

Interim Health Care Coverage



Table of Contents

<u>695 P Policy and Procedure</u>	3
<u>DOH 695P Policy</u>	4
<u>Instruction for Issuing a 695P</u>	5
<u>695 P Example</u>	7
<u>MI 706 Process and Procedure</u>	8
<u>Eligibility Teams Role in the MI706/695P Process</u>	10
<u>MI 706 Example</u>	12
<u>County Codes</u>	13
<u>DCFS Office Codes</u>	14
<u>PACMIS How to Find Medicaid Eligibility</u>	16
<u>MMIS Medicaid Card Display</u>	22
<u>Interim Medicaid Determination Process</u>	24
<u>Interim Medicaid Determination Form</u>	2

695 P Policy and Procedure

Purpose:



If a Foster Child is Medicaid eligible, DCFS wants the child to have a Medicaid card at the address where the child resides.

Process:



Initial Custody

❖ Medicaid eligibility has been determined by an agency other than DCFS.

- Notification of removal or custody of a child through your Region process.
- Query eRep for Medicaid eligibility for the child.
- If current Medicaid eligibility exists, a 695 P will be issued for up to 30 days or until the end of the current month.



Placement changes and lost Medicaid Cards.

❖ Medicaid eligibility has been determined by DCFS.

- Enter the change of address in eRep on the program evidence screen.
- Mail a new Medicaid card for the current month to the new placement.
- If the Foster Child has an urgent medical need and also has a current Medicaid eligibility in eRep, a 695 P should be issued immediately so the child can get the necessary medical attention. A 695 P issued in these circumstances would only be issued for few days (5-7). This will allow time for a new Medicaid card to arrive at the placement.

695 P Policy does not allow:



Issuance of a 695 P to an administrative office, when the Medicaid card has been mailed to the Foster Home where the child is residing.



No MMIS or eRep screen printouts to be given out.



Verification of Interim Eligibility, DOH Policy 603-4-2

If an eligible client has an urgent medical need that requires proof of Medicaid eligibility before a card can be mailed to the client, complete the form 695 P, **Verification of Interim Eligibility**. Follow the rules in the forms manual. Determine eligibility and authorize a card on eRep before issuing a 695 P. If the client owes a spenddown, the spenddown must be met before issuing a 695 P. Make the time period for the 695 P to be effective fairly short; 5-7 days should be enough time in most cases to mail a regular card to the client. If issuing a 695 because a card was lost, immediately order a new card to be mailed to the placement. If the client has recently left a nursing home, and had no card for that month, issue a 695 P for the remainder of the month.

Give the client a 695 P form **ONLY** if it is an urgent medical need. The urgent care need may include when the doctor has refused to treat them until receiving verification of Medicaid coverage, or a need for prescription drugs. [Remember that the client's eligibility will not appear on the Health Department's computer system until the day after the eligibility worker authorizes benefits on eRep.

DO NOT issue the Form 695 P for retroactive benefit months. Clients need to wait for the regular Medicaid cards to take to providers for retroactive month's services.

DO NOT give the Form 695 Verification of Interim Eligibility to any client who is only eligible for QMB, SLMB or QI-1 assistance, the QDWI program, or Emergency Medicaid services only.



Form 695 P Temporary Medicaid Card

❁ Instructions for form 695 P

- ❖ **Purpose:** This form authorizes and guarantees Medicaid payments. It is only used when it is not possible to provide a printed Medicaid Card that will meet the client's needs. Use a 695 P **ONLY** after eligibility on eRep has been authorized and **ONLY** in the following instances:
 1. When an eligible client needs immediate medical care, they don't have a card (new application or lost card), and there is not time to get a card. A Form 695 P for this reason should be issued for a period of no more than 14 days.
 2. When an eligible client reports that they need medical care and their card is incorrect (for example, a client moves out of a case management area, has changed their Health Plan, or the requirement to pay a co-payment has changed), adding a new household member to existing eligibility, etc; and there is not time to issue a card. If case management information has changed or is incorrect, do the following:
 - A. Correct the information on eRep and reissue the Medicaid card.
 - B. If possible, get the incorrect Medicaid Card back from the client and destroy it. This saves the client from using the wrong card.
 3. When a Medicaid nursing home resident leaves the nursing home, they will need a 695 P for the remainder of the month as no cards are issued to nursing home residents. The form should be issued for all the days of eligibility in the partial month, but should not extend beyond the end of that month.

❁ Distribution

- ❖ Blank Form 695 P's should be stored securely in the Business Office or with a supervisor. This is a 3 part form and is distributed as follows:
 1. Original (white)- give to the recipient.
 2. Yellow copy-sent to the business office for filing in their Form 695 P file. If the worker is aware that the 695 P is going to be used immediately at a pharmacy, fax a copy of the 695 P to **801-536-0464**. This number is only for the pharmacy claims.
 3. Pink copy-file in the case record.

❁ Preparation

- ❖ **Name-**Enter the name(s) of individual(s) who are eligible exactly as they appear on the PDF Medicaid card contained eRep.

- ❖ **ID Number-**Use the PID followed by the “X”.
- ❖ **Primary Physician/Health Plan-** Check the MMIS system or the PDF Medicaid card in eRep to obtain the current information. Enter the name of the primary physician or Health Plan as shown on the MMIS system or the PDF Medicaid card contained in eRep. Recipients in Salt Lake, Davis, Weber and Utah counties must select a Health Plan for ongoing months. **DO NOT** leave this line blank unless:
 1. You are in an area not covered by Case management.
 2. There is no PCP/Health Plan information on the MMIS system.
 3. You are requested to do so by the Case Management Program Director or Assistant Director.
- ❖ **Plan type-** Identify the Medicaid plan type.
 1. **TM Traditional Medicaid.**
 - A. Pregnant women, regardless of program type (except PCN).
Children (including 18 year olds on NB+).
 2. **NT Non Traditional Medicaid.**
 - A. FM- Adults not open under the Primary Care Network.
 - B. PC Primary Care Network (PCN)-All adults open under the PCN.
- ❖ **Co-pay Required-** Enter the correct co-pay code from the list shown on the form. Select A unless the person meets one of the 4 exemptions below, and then enter B.
 1. Child under age 18.
 2. Pregnant woman under Traditional or Non-Traditional Plans.
 3. Nursing home resident.
 4. A recipient whose gross monthly income (including FEP and SSI) is less than the FEP payment amount AND are under Traditional or Non-Traditional Plans.
- ❖ **Pharmacy-** A pharmacy name must be listed whether the recipient is on restriction or not. If the recipient is on restriction, the name should be obtained from the current “Restriction Program” form in the case file. If the recipient is not restricted, have them identify a pharmacy. This is because of the limited number of prescriptions available.
- ❖ **Health Insurance-** List health insurance, including Medicaid, if applicable. The remainder is self-explanatory.

695 P’s do not need to be sent to Medicaid claims unless they are for pharmacy claims and then they should be faxed immediately to the pharmacy fax # (801) 536-0464.

Two letter office code of issuing office.	→	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: right; margin-bottom: 2px;">P 00000</div> <div>OFFICE</div> </div>
---	---	--

Utah Department of Health INTERIM VERIFICATION OF MEDICAL ELIGIBILITY

TO MEDICAL PROVIDERS: This form serves as interim verification of eligibility while a medical card is being produced for newly approved recipients or to replace a stolen/lost card.

- The eligibility period cannot extend more than 30 days past the day the form is signed.
- If the Primary Physician, Health Plan area is blank, then any physician may render service. If a Health Plan is identified, then services must be provided by that Health Plan. These areas do not apply to any other provider types.
- When you submit your claim to Medicaid, be sure to include the correct ID Number of the patient on your claim form.
- A Plan Type and Co-pay Code must be listed for each individual on this form.
- If the patient is on a Medicaid limited drug benefit, a 'Y' will be entered in the Limited Drug column. These patients will only be covered for limited drug services.
- Please return the Form 6950 to the Medicaid client.

Initial custody (other agency Medicaid eligibility) –until the end of the month (up to 30 days).

Lost card/placement changes (DHS Medicaid eligibility)-up to 14 days.

The following persons are eligible to receive Title XIX Medicaid services during the period. (Not to exceed 30 days)

Dates _____ to _____

NAME	ID NUMBER	PRIMARY PHYSICIAN OR HMO	PLAN TYPE* (REQUIRED FIELD)	CO-PAY CODE** (REQUIRED FIELD)	LIMITED DRUG Y/N (REQUIRED FIELD)

Exactly as they appear on PACMIS.

HLC If followed by the "X".

MMIS system or eRep Medicaid care has current information.

Children including 18 year olds on NB+.

Children under 18 do not have a co-pay

'Y' if client is on a limited drug program.

***PLAN TYPE**

Traditional Medicaid-TM

Non-Traditional-NT

PCN-PC

****CO-PAY CODES**

A. Non-Emergency Use of the ER, Outpatient Hospital & Physician Services, & Pharmacy
B. No Co-Pay Required

Pharmacy is _____
(required field)

Identify pharmacy – any is acceptable.

The client(s) have health insurance with _____
(Please bill insurance prior to billing Medicaid)

Information on MMIS or PDF Medicaid card in eRep.

Signature of Authorized Representative

Date

FOR STATE USE ONLY

Case Name _____ Case Number _____ Program Type _____ Team _____

Address _____

HMO status is _____ Active _____ Pending

Do not complete.

MI-706 Authorization Procedure For DCFS

Initial MI-706:

DCFS eligibility workers will be responsible for the initial MI-706 and any extensions required on the initial MI-706. The MI-706 is valid for up to 60 days unless the child is an illegal alien (90 days). The MI-706 can only be issued for children that are in DCFS custody.

Procedure

- Eligibility worker receives information from DCFS caseworker or health care team member regarding the removal of a child.
- Eligibility worker queries the MMIS screen for current Medicaid on the child(ren).
- If there is a current Medicaid card the eligibility worker will issue a 695 P and give to the caseworker.
- If there is no current Medicaid eligibility in MMIS, the eligibility worker will complete the MI-706 for the child.
- The distribution of the MI-706 will be as follows:
 - ✓ Fax copy to Julie Moore at 538-9428.
 - ✓ Copy to Health Care Team.
 - ✓ Copy to caseworker.
- The eligibility worker will query both SAFE and eRep for the correct client ID number to be used. (eRep and ORSIS have priority.)
- The eligibility worker will track and reissue a MI-706 extension, if needed.
 - ✓ When extension is approved, eligibility worker will follow the above listed distribution process.
- Each region will be responsible for preparing a backup plan for initial MI-706 issuance in the event that the eligibility worker is not available.
- Eligibility workers will issue and renew the MI-706 for children not Medicaid eligible on an ongoing basis (illegal alien, age limit, spenddown cases, etc.) except for foster children in BHR placements. When a foster child in a BHR placement has a medical need and is not Medicaid eligible, the fostering health children's nurse will issue any MI706's beyond the initial 60 day period.
 - ✓ When an MI 706 has been renewed, the eligibility worker will follow the above listed distribution process.
 - ✓ MI 706 can be issued for children entering care through a voluntary placement agreement.
- MI-706 information will be appropriately entered in the SAFE health care screens.

On-going MI-706 Concerns:

The Regional Health Care Team will be responsible for the following:

- Issuance of MI 706 for health care services not covered by Medicaid when requested by prior approval for health care needs.
- Issuance of MI706 for foster children in BHR placements after the initial 60 day period.
- The distribution of the MI-706 will be as follows:
 - ✓ Copy to placement.
 - ✓ Copy to other medical care professionals, when necessary.
- Above \$500, Regional Director (or designee) approval is required.
- Other responsibilities as per contract.

The DCFS caseworkers will be responsible for the following:

- Reviewing and correcting all billing problems associated with their client.
 - ✓ The DCFS caseworker will follow the process outlined in the “Procedure for Payment of Medical Bills”.
- Obtaining prior approval on high cost health care needs in which a MI 706 will be used.
- The distribution of the MI 706 will be as follows:
 - ✓ Copy to the placement.
 - ✓ Copy to case file.

No Prior approval:

- When a bill is received with no prior approval given for the service, the worker will need to get authorization for payment from the Regional Director.
- The Regional Director will approve payment of the bill from the MI-706 fund.
- The caseworker will give a copy of the RD signed MI-706 to health care personnel and complete the billing process.

Eligibility Teams Role in the MI706/695P Process

Initial MI706 and 695 P's

An MI706 is only issued for children who are in State (DCFS/DHS) custody. The caseworker is responsible to notify the eligibility team as soon as a child is placed in protective custody so that the eligibility team can ensure that the child's health care needs can be covered immediately. Immediate health care coverage is provided by the eligibility worker issuing a MI706 or 695 P depending on the child's Medicaid status at the time of removal. An MI706 is normally issued for up to 60 days. A 695 P is issued for the remainder of the current month. A copy of these forms is provided to the caseworker and the fostering health children team. The caseworker then provides the placement with a copy of the form. A copy is also faxed to Julie Moore for authorization. The MI706 information should be entered into SAFE on the health screens.

Within 30 days of removal, the caseworker is responsible for completion of the Title IV-E/Medicaid application. The caseworker is also responsible to ensure that the eligibility team receives the application as well as all supporting documentation. It is very important that a child have continuous health care coverage until a Medicaid determination is complete. The eligibility team is responsible to track the MI706 or 695 P status until that time. If the caseworker is unable to complete the application within the 30-day time frame, the eligibility team will continue to provide the appropriate health care coverage for the child until a FC Medicaid determination is made. The exception to this is for foster children in BHR placements. For these children the foster healthy children nurse will issue any ongoing MI706's as needed once the initial MI706 has lapsed. The eligibility team is responsible to prompt the caseworker that the application is overdue. This may be done before issuing an extension to the MI706 or a new 695 P, if desired, but should not result in a lapse or delay of health care coverage if the application is still not promptly received. It would also be a good idea to let the supervisor know when an application is late.

Foster Children with Medicaid Spenddowns

Some foster children are not eligible for Medicaid until a spenddown has been paid. The spenddown process frequently causes delays in the monthly Medicaid eligibility. These delays are unavoidable. The eligibility team is aware of the children who require spenddowns and they are responsible to see that the health care needs of those children are met until the spenddown process is complete. These health care needs are met through the issuance of a MI706. When issuing a MI706 for a foster child with a spenddown, please write the following on the MI706. **"For routine medical, dental, mental health and pharmacy/prescription services."**

Non Citizen/Non Qualified Aliens – No Medicaid Eligibility

The eligibility team is aware of the children who are not eligible for Medicaid because of their citizenship status. At the time that the eligibility worker denies Medicaid eligibility for a child because of citizenship status, the eligibility worker should notify the fostering healthy children nurse of the child's Medicaid status. The eligibility worker will continue

to issue a MI706 to meet the health care needs of the child. These MI706's may be issued for up to 6 months. If the nurse discovers that the child's health care costs are extraordinary, the nurse may choose to issue the MI706's for that child. The nurse will notify the eligibility worker if this is the case. When issuing an MI706 for these children, please write the following on the MI706. **"For routine medical, dental, mental health and pharmacy/prescription services."**

Youth Place in Detention

Initial Placement

When a youth is ordered into custody and court ordered directly into a detention setting, the fostering healthy children nurse will issue an MI706 to cover any health care needs the youth may have while in detention. The nurse will mark these MI706's as specifically issued for a youth in detention. Once the youth is released from detention, the eligibility team will issue an initial MI706 to cover the health care needs until a Medicaid determination can be made.

Placement throughout the custody episode

The fostering health children nurse will issue a MI706 for the health care needs of any youth court ordered into a detention setting. These MI706's will be marked as specific for a youth in detention.

Medicaid Closures when the Review is not Received

If the caseworker is unable to complete the review prior to the Medicaid eligibility auto closing, the eligibility team will remind the caseworker that the review is needed. If circumstances prevent the caseworker from completing the review and Medicaid eligibility ends, the eligibility team will issue a MI706 to cover the health care needs of the child. When issuing an MI706 for these children, please write the following on the MI706. **"For routine medical, dental, mental health and pharmacy/prescription services."**

Children not Eligible for FC Medicaid Due to their Placement

The health care needs of foster children placed at home or in an unpaid kinship placement should be coordinated with the foster healthy children nurse. The nurses are responsible for issuing MI706's, when appropriate, to cover specific medical costs. The eligibility worker should not be issuing the MI706 in these situations.

**State Medical Services (SMS)
Reimbursement Agreement
(MI 706)**

STATE MEDICAL SERVICES

The individual named below has been found eligible to receive service under the Division of Health Care Financing State Medical Services Program (SMS), for the dates indicated. The Division of Health Care Financing agrees to provide reimbursement for treatment, at Medicaid rates. Brief instructions regarding reimbursement procedures are provided on the reverse side of this form.

Child's name as it appears on PACMIS.		Form # for SAFE entry.		Prior Authorization Number No 0000000		Child's date of birth and sex as it appears in PACMIS.	
1. Last Name	2. First Name	3. Initial	4. Dates of Birth M M D D Y Y			5. Sex	
6. Client I.D. Number 10 digit ID from MMIS or PACMIS.		7. Dates of Eligibility Initially issued for 30 days. Extensions O.K. From To M M D D Y Y M M D D Y Y				8. County Code 2 digit county code, where child is residing.	

SMS will provide reimbursement for treatment of the following condition(s) and/or symptoms:

Line No	10. Description of condition(s) and/or symptom (s)	11. ICD-9-CM
1.		
2.		

All Services as needed FC.

2 letter county code of issuing worker.

SMS will provide reimbursement for the following services:

Line No.	12. Identification of Authorized Services	13. Units	14. Codes
1.			

15. Provider Name	17. M M D D Y Y	18. Office	19.		
		FC	7	5	0
Certifying Signature			Telephone		

MI 706 Codes

County Codes for MI 706's*

County Number	County Name
01	Beaver
02	Box Elder
03	Cache
04	Carbon
05	Daggett
06	Davis
07	Duchesne
08	Emery
09	Garfield
10	Grand
11	Iron
12	Juab
13	Kane
14	Millard
15	Morgan
16	Piute
17	Rich
18	Salt Lake
19	San Juan
20	Sanpete
21	Sevier
22	Summit
23	Tooele
24	Uintah
25	Utah
26	Wasatch
27	Washington
28	Wayne
29	Weber

* Field 8- County where child is currently residing

DCFS Office Code Listing*

Eastern Region	
Office Name	Office Code
Blanding	EB
Castle Dale	EC
Fort Duchesne	EU
Moab	EM
Price	EP
Roosevelt	ER
Vernal	EV
Northern Region	
Office Name	Office Code
Bountiful	NF
Brigham City	NB
Clearfield	NC
Logan	NL
Ogden	ND
Southwest Region	
Beaver	SB
Cedar City	SC
Kanab	SK
Manti	SM
Panguitch	SG
Richfield	SR
St. George	SS
Salt Lake Valley Region	
Adoption & Post Adoption Services/ FR Consultants/Holladay	VH
Court Services	VD
East Jordan	VO
Independent Living	VK
Intake	VM
Jackson	VJ
Liberty	VE
Magna	VG
Murray	VM
Oquirrh	VW

Interim Coverage
10/2011

SL West	VS
Tooele	VT
West Jordan	VN
Western Region	
American Fork	WA
Delta	WD
Fillmore	WF
Heber City	WH
Nephi	WN
Orem	WI
Spanish Fork	WO

** Field 18- Office Code where eligibility worker is located. Office codes can be found on the Regional DCFS Office address list.*

Electronic MI706 Process

The screenshot shows a mainframe terminal window titled "S1 - hs - Mainframe Display HSMFP - BlueZone Mainframe Display". The menu lists the following options:

Option	Description
1.	SUSPENDED CLAIMS CORRECTION
2.	CLAIM CONTROL FILE
3.	CLAIMS INQUIRY
4.	PROVIDER SYSTEM
5.	EXCEPTION CONTROL FILE
6.	REFERENCE SYSTEM
7.	RECIPIENT SYSTEM
8.	TERMFILE MAINTENANCE

Below the menu, there is an "OPTION:" field with a cursor pointing to it. A red arrow points from this field to a text box below the screenshot.

From the MMIS main menu access a new MI-706 form by entering "A" in the option field and "Enter"

The screenshot shows the "CERTIFICATE OF ELIGIBILITY AND MEDICAL NEED" form. The form contains the following fields:

- TCN: (Number)
- NAME: (Text)
- CLIENT-ID: (Text)
- FUNCTION: (Text)
- DATE-OF-BIRTH: (Text)
- DATES-OF-ELIGIBILITY: (Text)
- TO: (Text)
- SEX: (Text)
- COUNTY: (Text)
- AUTHORIZED SERVICES: (List)
- UNITS: (Text)
- CODE: (Text)
- DATE: (Text)
- REVIEWER-ID: (Text)
- PROVIDER NAME AND ADDRESS: (Text)

Red arrows point from the "NEXT-KEY:" field, the "FUNCTION:" field, and the "FORMAT PRINT PRINT:" field to text boxes below the screenshot.

In the "Next Key" field, Enter the child's PID. "Enter".

Press "Shift Tab" twice, enter the number of copies you want and "Tab" then enter your printer name in the "Format Print Print" field.

File Edit Session Options Transfer View Script Help

Connect Mainframe Display HSMFP Attention PA1 PA2 PA3 Re

NEXT-KEY: CERTIFICATE OF ELIGIBILITY AND MEDICAL NEED 82

TCN: FUNCTION: (NUMBER)=COPIES; F=FORMAT PRINT PRNT:

NAME: DATE-OF-BIRTH: SEX:

CLIENT-ID: DATES-OF-ELIGIBILITY: TO COUNTY:

1. 2. 3. 4. 5. 6. 7. 8. AUTHORIZED SERVICES UNITS CODE

1. 2. 3. 4. 5. 6. 7. 8. PROVIDER NAME AND ADDRESS DATE: REVIEWER-ID

Press “**Tab**” and enter the start date. Press “**Tab**” and enter the end date of eligibility.
Enter the 2 digit county code where the child is living.

Enter **Custody Medical Care or CMC #1**.

Enter **All Services as Needed Foster Care #2**
“**ALL CAPITAL LETTERS**”

“**Tab**” to the “**Authorized Services**” field and enter “**CAID**”.
Enter “**1**” in “**Unit**” field. Enter “**CAID**” in “**Code**” field.

S1 - hs - Mainframe Display HSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect Mainframe Display HSMFP Attention PA1 PA2 PA3 Re

NEXT-KEY: CERTIFICATE OF ELIGIBILITY AND MEDICAL NEED 82

TCH: FUNCTION: (NUMBER)=COPIES: F=FORMAT PRINT PRINT:

NAME: DATE-OF-BIRTH: SEX:

CLIENT-ID: DATES-OF-ELIGIBILITY: TO COUNTY:

DESCRIPTION

1.
2.
3.

AUTHORIZED SERVICES UNITS CODE

1.
2.
3.
4.
5.
6.
7.
8.

DATE: REVIEWER-ID

PROVIDER NAME AND ADDRESS

1 2
3 4
5 6
7 8

Enter "750"
You must enter "750" or the wrong form will print.

After printing, sign the form and fax a copy to
Julie Moore at 801-538-9428 or scan and e-mail.

For MI-706 printer set up and problems contact
Gregory Shoop at 801-538-1718

How to find out if a child has a current Medicaid Eligibility

eRep Home Page

POWERED BY
eREP

15

navigation

- Home
- Search Person
- Transfer Select Cases
- Organization Unit Home
- Case Edit Sample
- Edit Scoreboard
- Manage Work Queue
- Financial Reports
- User/Organization Search
- PRT Case Reviews

Home | My Tasks | My Calendar | My Cases | Search | Log Out

Cúram 4.0
Welcome

My Shortcuts

- [New Case](#)
- [New FC/SA Case](#)
- [Utah Cases](#)
- [YODA](#)
- [Change Password](#)

Search

- [Search Person](#)
- [EBI Search](#)
- [eFind](#)
- [Search for Medical Benefits](#)
- [Online Application Search](#)

My Tasks

Type	Total	Due Date
------	-------	----------

My Calendar

Start Date	Subject
------------	---------

[Dept. of Health](#) | [Human Services](#) | [Workforce Services](#) | [DWS Intranet](#) | [UWorks](#) | [Contact Us](#)
[Utah.gov Home](#) | [Utah.gov Terms of Use](#) | [Utah.gov Privacy Policy](#) | [Utah.gov Accessibility Policy](#)
Copyright ©; 2007 State of Utah - All rights reserved.

From the eRep home page click on “Search Person” to begin a search.

eRep Person Search Screen

POWERED BY
eREP

15

navigation

- Home
- Search Person
- Transfer Select Cases
- Financial Reports

Home | My Tasks | My Calendar | My Cases | Search | Log Out

Person Search

Search Reset Cancel

Search Criteria

Search Type:		Case Number:	
Social Security Number	xxxxxxxxxx	PID Number:	
First Name:		Last Name:	
Middle Name:		Suffix:	
Date of Birth:		Use Exact DOB In Search:	<input type="checkbox"/>
Age:		Gender:	

Search Reset Cancel

Conduct a search for the child in question from person search screen. Remember to search following established guideline for searching using different spellings of names and SSN to search with. Remember than an “unborn” PID may exist for an infant.

eRep Case Home

Case Home: [Case Number]

POWERED BY eREP 15

Case Home: Foster Care/Subsidized Adoption

Options

- New Program
- New Narrative
- Content Manager
- eFind
- Submit for Authorization All Programs
- Online Authorization All Programs
- Reassess All Programs
- New Investigation Referral
- New Calculation Referral
- Check Medical Assistance Eligibility
- Approve All Programs
- Reject All Programs
- Adjust Review Periods
- View Medical Assistance Decisions
- Check Retroactive Eligibility
- Spousal Asset Assessment
- Delete Case

Details

Case Number: [Case Number]
Primary Individual: [Name]
Worker: [Name]
Date Case Registered: 10/3/2011
eREP Issuance Cutover Date: 1/1/2008

Type: Foster Care/Subsidized Adoption
Status: Open
Primary Language: [Language]
Preferred Language For Correspondence: [Language]
Mailing Address: 1161 E 300 N
PROVO UT 84606-3539

Programs

Program Type	Household Member	Program Start Date	Program End Date	Status	Closure Reason	Review End Date
Foster Care	[Name]	5/1/2011		Open		4/30/2012

Medical Benefit List: [Case Number]

Medical Benefit History

Medical Benefits

Action	Name	Benefit Month	Date Issued	Program	Status	Type
View	[Name]	Oct 2011	10/3/2011	Foster Care - Non IV-E	Issued	Monthly
View	[Name]	Sep 2011	10/3/2011	Foster Care - Non IV-E	Issued	Monthly
View	[Name]	Aug 2011	10/3/2011	Foster Care - Non IV-E	Issued	Monthly
View	[Name]	Jul 2011	10/3/2011	Foster Care - Non IV-E	Issued	Monthly
View	[Name]	Jun 2011	10/3/2011	Foster Care - Non IV-E	Issued	Monthly

On the eRep case home, click on "Medical Benefit History"

On the Medicaid Benefit History Screen you can view benefits that have been issued for participants on this eRep case. Check for the child's name, benefit month and status of Medicaid for the month in question.

Interim Coverage 10/2011

When issuing a 695 Temporary Medicaid card follow these guidelines when the status is as follows:

- ✓ Authorized – Yes 695
- ✓ Pending DOH – Yes 695
- ✓ In Process – Yes 695
- ✓ Issued – Yes 695

If the Medicaid benefit status is not one of these listed above for the month in questions issue a MI706.

eRep Program Home

The screenshot shows the eRep Program Home interface. The navigation menu on the left includes 'Benefit Issuance', which is highlighted with a purple arrow. A callout box states: 'Checking Medicaid benefits from the eRep Program Home is another option. Click “Benefit Issuance”.' Below the navigation menu, the 'Medical Benefits' table is displayed, showing a list of benefits with columns for Action, Name, Benefit Month, Date Issued, Status, Type, and Medical Payment Details. Purple arrows point from the 'Benefit Issuance' menu item to the 'Medical Benefits' table, and from the 'View' link in the 'Action' column to the 'Medical Benefits' table.

Medical Benefits Table:

Action	Name	Benefit Month	Date Issued	Status	Type	Medical Payment Details
View		Oct 2011	10/3/2011	Issued	Monthly	
View		Sep 2011	10/3/2011	Issued	Monthly	
View		Aug 2011	10/3/2011	Issued	Monthly	
View		Jul 2011	10/3/2011	Issued	Monthly	
View		Jun 2011	10/3/2011	Issued	Monthly	

On the Benefit Issuance Screen you can view benefits that have been issued for participants on this eRep program. Check for the child's name, benefit month and status for the month in question.

eRep Notice Screen

New Notice

Search Criteria

Start Date: End Date:

Type:

Search **Reset**

Delivery Method

Current Option: Postal Start Date: 12/20/2010

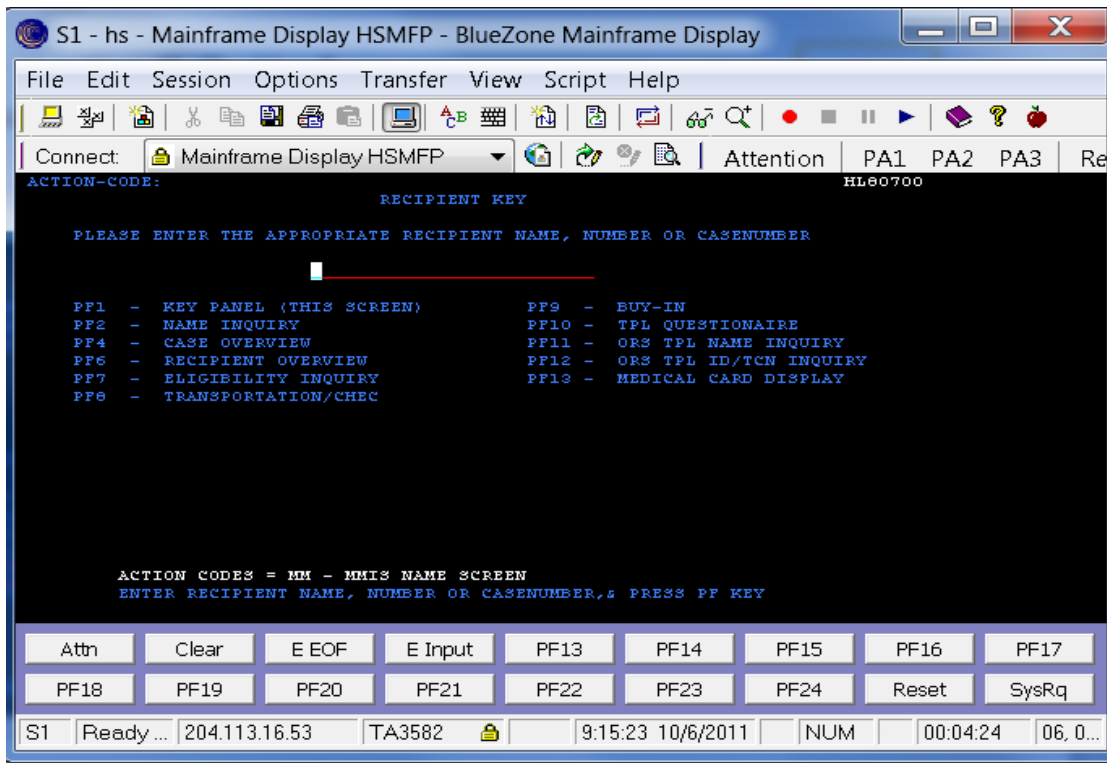
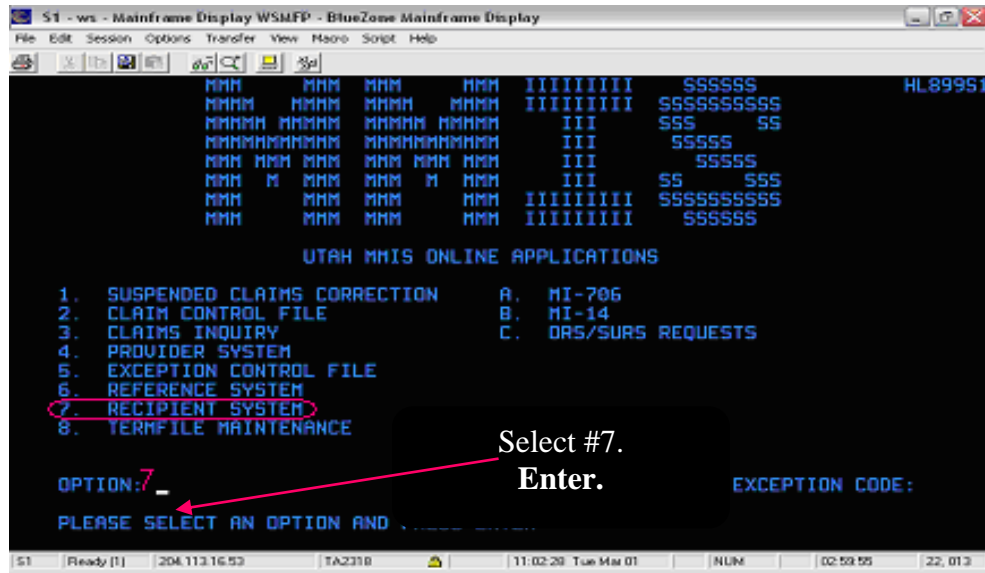
All Notices

Action	Type	Subject	Method	Create Date	Status	Delivery Method	Opened in myCase
View Edit	Change Decision	Medical benefit type or sub type	OnLine	10/6/2011 06:13	Pending		
View Edit	MedCard-sgl	Foster Care - Non IV-E [Oct11]	Batch	10/4/2011 04:42	Sent	Postal	
View Edit	MedCard-sgl	Foster Care - Non IV-E [Jun11]	Batch	10/4/2011 04:42	Sent	Postal	
View Edit	MedCard-sgl	Foster Care - Non IV-E [Jul11]	Batch	10/4/2011 04:42	Sent	Postal	
View Edit	MedCard-sgl	Foster Care - Non IV-E [Aug11]	Batch	10/4/2011 04:42	Sent	Postal	
View Edit	MedCard-sgl	Foster Care - Non IV-E [Sep11]	Batch	10/4/2011 04:42	Sent	Postal	

You can also view the PDF Medicaid card on the eRep Notice screen. Navigate to this screen from the eRep Case Home.

MMIS Medicaid Card Display Information

MMIS will provide you with the necessary information to complete the 695 P for a child with a current month's Medicaid eligibility. To return to the Main MMIS menu press F1.



Interim Coverage

10/2011

PF7

```

ACTION-CODE:                ELIGIBILITY INQUIRY                HL80761
ACTION  SD=SPENDDOWN INFORMATION
CLIENT-ID.                  BEGIN-DATE: 10/06/11              MONTH-INDICATOR: N
OLD-APA-ID:                 ORIGINAL-ID:                     SSN:                LTD DRUG:
NAME:                      HOUSEHOLD-SIZE:
DOB:                      SEX:                TEAM:          ----- MHC -----
----- ELIGIBILITY -----
BEG DATE  END DATE  CAT      DIST  CASE NBR      HEALTH CARE NAME      LOCKIN
10/06/11  10/06/11  ME (FULL) IVE      SELECT ACCESS
                                     INPT PSYCH: WASATCH
COPAYMENT MET OR NOT REQUIRED                                     OUTPT PSYCH: ANY PRO
----- TPL -----
          TPL NAME                POLICY                GROUP                POLICY HOLDER

ADDRESS:

ADDRESS:

ADDRESS:
----- MEDICAL EXCESS -----

```

PF6

```

ACTION-CODE:                RECIPIENT OVERVIEW                HL80761
ACTION  ST = STATUS        AD = ADDRESS        DT = APPLICATION DATE
CLIENT-ID:                 OLD-APA-ID:                 ORIGINAL-ID:
NAME:                      SEX:                      DOB:
SSN:                      LIVING ARRANGEMENTS:        RELATIONSHIP: Primary
DEATH DATE:               STATUS:                     CLOSE REASON:
RACE CODE:                HOUSEHOLD SIZE:             APPLICATION DATE:
ADDRESS:                  ADDRESS:
(MAIL)                   (RES)

PHONE:                    TEAM:                RESP PERSON:
----- ELIGIBILITY DATA -----
BEGIN    END      CNTY   DIST   AID    FUND    009  MORE LINES
DATE     DATE     CODE   OFFICE TYPE  TYPE   CATEGORY CASE NBR  SOURCE
10/01/11 10/31/11  25     IVE    ADF    A    MEDICAID      EREP
09/01/11 09/30/11  25     ADF    ADF    A    MEDICAID      EREP
08/01/11 08/31/11  25     ADF    ADF    A    MEDICAID      EREP
07/01/11 07/31/11  25     ADF    ADF    A    MEDICAID      EREP
06/01/11 06/30/11  25     ADF    ADF    A    MEDICAID      EREP
05/26/11 10/31/11  25     CMC    D1     J    CMC ELIG      MMIS
07/01/09 03/31/10  25     EM1    AE1    A    MEDICAID      EREP
11/01/08 06/30/09  25     WMP    AE1    A    MEDICAID      EREP
11/01/04 04/30/06  25     WMP    AE1    A    MEDICAID      EREP

```


Interim Medicaid Determination Process

Foster Child open for another Medicaid Program at the time of custody

- ✓ Issue 695 P for the remainder of the month.
- ✓ Notify the BES/DWS worker of custody. Ask that worker to close the child's Medicaid case.
- ✓ Request a copy of the most recent application or review form (within the past 12 months) for the open Medicaid case.

Procedure when information is received from BES/DWS

- ✓ Review the child's information.
- ✓ Complete the "Interim Medicaid Determination" form for the child.
- ✓ Open the appropriate Foster Care Medicaid category in PACMIS.
- ✓ Create case file.
- ✓ Set Alert for IV-E Determination.

Foster Child with no open Medicaid case at the time of custody

- ✓ Issue MI 706 for 30 day time period.
- ✓ Copies of MI 706 to appropriate parties.

Procedure when IV-E/Medicaid Application is received from DCFS/DJJS Caseworker

- ✓ Review application.
- ✓ **If possible**, complete the "IV-E/Medicaid Determination".
- ✓ Open the appropriate Foster Care Medicaid category in PACMIS.
- ✓ Complete SAFE and CARE entry.
- ✓ **If the IV-E determination is not possible**, notify the worker of information needed for IV-E determination and complete the "Interim Medicaid Determination".

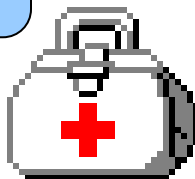
Interim Foster Care Medicaid Determination

Enter the Foster Child's identifying information from the application. If any inaccuracies appear on the application, enter the correct information.

Child in Custody Information

Name of Child (last, first, middle)	Social Security #	Date of Birth	Client #
Current Placement Address (street, city, state, zip)		County	Telephone #

Application placement information.
SAFE SCF open case.
DJJS placement contract.



1. **Removal:** Has the child been removed from home and are they in an agency placement?

☐ Yes Go to **question 2.**

☐ No **STOP.** Child cannot be eligible for FC Medicaid until the State obtains custody of the child and removal from the home has occurred. Go to **Part B.**

Birth verification.

Medicaid policy 303-5 & 349-2

<http://utahcares.utah.gov/infosourcemedicaid/>

2. **Age:** Is the child under age 19?

☐ Yes Go to **question 3.**

☐ No Child is not eligible for Foster Care Medicaid. Go to **Part B.**

Question #2 on application.

Birth verification.

Alien Registration card and SAVE verification.

Medicaid policy 205

3. **Citizenship:** Is the child a U.S. citizen or a qualified alien admitted for permanent residence?

☐ Yes Go to **Question 4.**

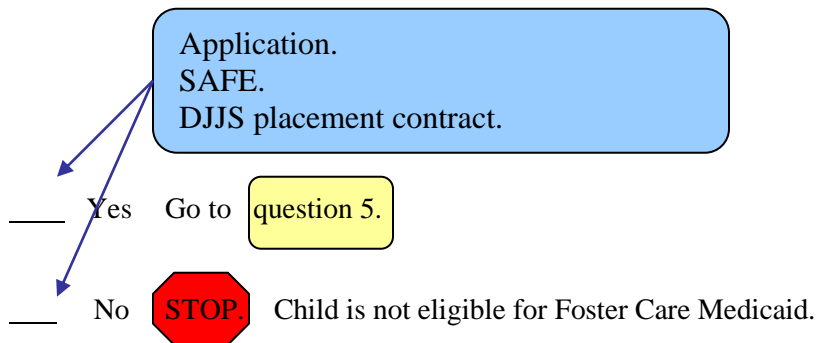
If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

☐ Yes Date of entry in U.S. _____ or protected classification _____

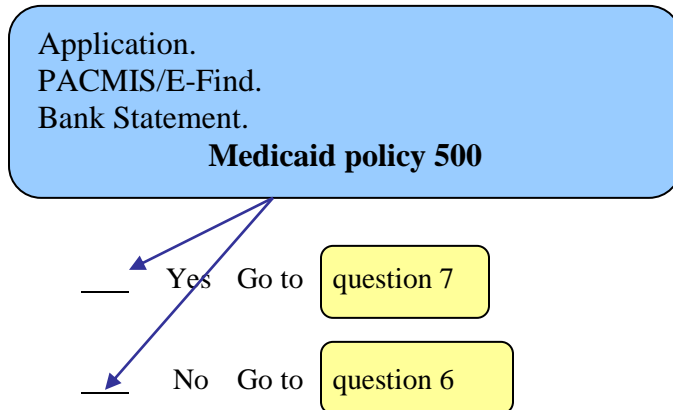
Go to **question 4.**

- ___ No **STOP.** Child is not eligible for Foster Care Medicaid until in the United States for five years. Date five year waiting period ends _____
Go to **Part B**
- ___ NA Child is a U.S. Citizen. Go to question 4.
- ___ No **STOP.** Child is not eligible Foster Care Medicaid. Go to **Part B**

- 4. Placement:** Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child?



- 5. Assets:** Are the child's countable assets greater than \$2,000?



Only complete this question if the child is under age 6 and the assets exceed \$2,000.

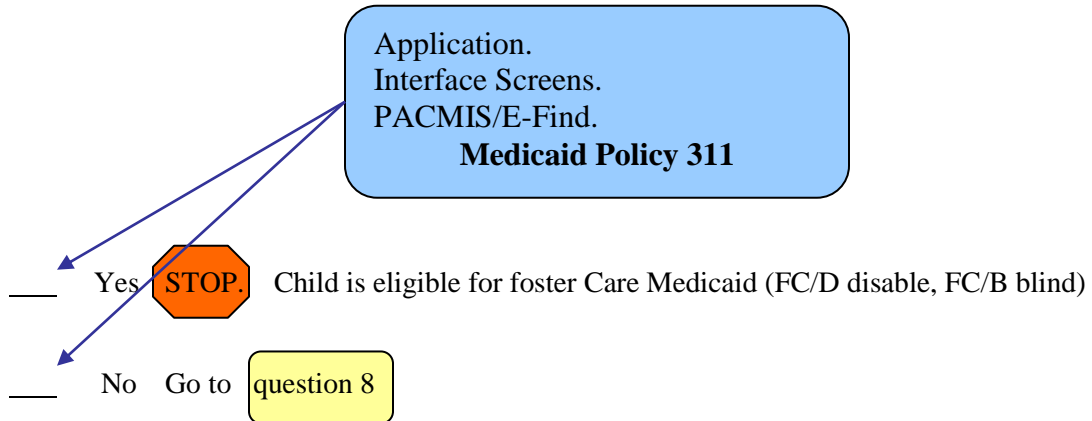
- 6. NB Medicaid program:** Is the child under 6 years of age?

___ Yes Go to **question 7**

Newborn Income limits are available on Table VII
on the Medicaid Policy Website.

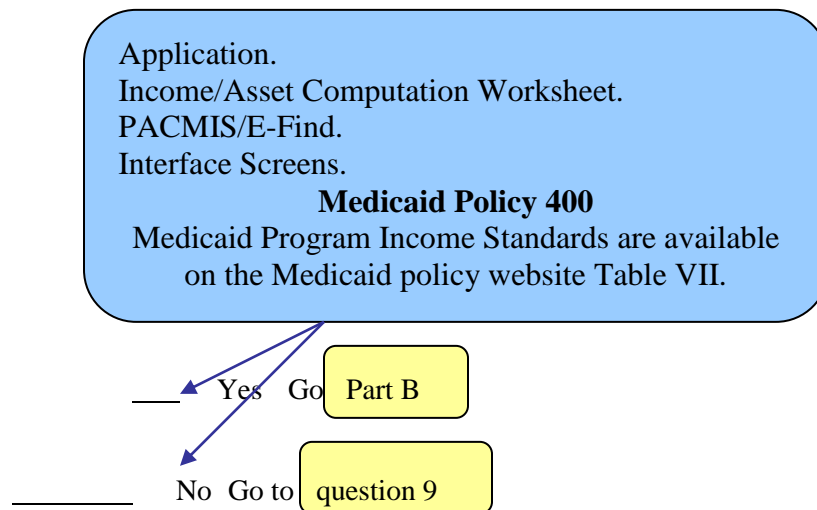
___ No **STOP.** Child is not eligible for Foster Care Medicaid.

7. Disabled/Blind Medicaid program: Is the child blind or disable and receiving SSI?



8. Children/NB+ Medicaid programs: Is the child's countable income less than the income limits required for the NB+ Medicaid program?

NB+ Income Limit:\$_____ Child's Income:\$_____ **Foster Child only.**



- 9. Children's Medicaid Program with a Spend down:** Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19?
(Calculate the spend down amount as provided below.)

Application.
Income Asset Computation Worksheet.
PACMIS/E-Find.
Interface Screens.
Healthcare and treatment costs must exceed the amount paid for the spenddown.

CM Income Limit: \$ \$382 Child's income: \$ Foster Child Only.

☐ Yes Child is FC/C Medicaid eligible when spend down process is completed. Go to Part B.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to Part B.

Spend Down Calculation

Child Countable Income	\$ _____
Minus Program Income Limit	\$- _____
Total Spend Down Amount	\$ _____

NOTE:

The division will not usually have the funds available to spenddown the child's income for Interim Medicaid Eligibility.

Part I

Yes or No.

☐ Yes Child is eligible for Foster Care Medicaid. Eligibility beginning date _____

Circle program type: FC/B Blind FC/D Disabled

FC/C Children's Medicaid

FC/C Newborn

FC/C Newborn Plus

Other (specify) _____

First day of month
unless 90 day retro is
being used.

Circle program category.

Interim Coverage
10/2011

___ No Child is **not** eligible for Medicaid.

Reason child is not Medicaid eligible:

Why?

(Refer to BES for CHIP eligibility determination if citizenship requirements are met.)

Notes:

Explanation as necessary.
Be professional!

Eligibility Worker Signature: _____ **Date:** _____

Make sure to sign and date the determination!